

County: Barron
PIONEER NURSING HOME
530 RIVER AVE S

Facility ID: 7260

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PRAIRIE FARM 54762 Phone:(715) 455-1878
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 42
Total Licensed Bed Capacity (12/31/04): 42
Number of Residents on 12/31/04: 38

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 40

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		31.6
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		55.3
Supp. Home Care-Household Services	No	Developmental Disabilities	2.6	Under 65	10.5	More Than 4 Years		13.2
Day Services	No	Mental Illness (Org./Psy)	26.3	65 - 74	5.3			-----
Respite Care	No	Mental Illness (Other)	10.5	75 - 84	36.8			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	2.6	85 - 94	39.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.9	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	2.6		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	7.9	65 & Over	89.5	-----		
Transportation	No	Cerebrovascular	13.2		-----	RNs		10.3
Referral Service	No	Diabetes	10.5	Gender	%	LPNs		6.3
Other Services	No	Respiratory	10.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	13.2	Male	31.6	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	68.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	3	100.0	197	20	64.5	121	0	0.0	0	2	50.0	120	0	0.0	0	0	0.0	0	25	65.8	
Intermediate	---	---	---	9	29.0	99	0	0.0	0	2	50.0	120	0	0.0	0	0	0.0	0	11	28.9	
Limited Care	---	---	---	1	3.2	85	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.6	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	1	3.2	181	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.6	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	3	100.0		31	100.0		0	0.0		4	100.0		0	0.0		0	0.0		38	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	14.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	0.0	55.3	44.7	38
Other Nursing Homes	2.9	Dressing	13.2	55.3	31.6	38
Acute Care Hospitals	82.4	Transferring	31.6	55.3	13.2	38
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	26.3	36.8	36.8	38
Rehabilitation Hospitals	0.0	Eating	55.3	36.8	7.9	38
Other Locations	0.0	*****				
Total Number of Admissions	34	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	5.3		Receiving Respiratory Care	13.2
Private Home/No Home Health	14.7	Occ/Freq. Incontinent of Bladder	55.3		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	2.9	Occ/Freq. Incontinent of Bowel	18.4		Receiving Suctioning	0.0
Other Nursing Homes	0.0				Receiving Ostomy Care	2.6
Acute Care Hospitals	41.2	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.6		Receiving Mechanically Altered Diets	26.3
Rehabilitation Hospitals	0.0					
Other Locations	2.9	Skin Care			Other Resident Characteristics	
Deaths	38.2	With Pressure Sores	5.3		Have Advance Directives	65.8
Total Number of Discharges		With Rashes	15.8		Medications	
(Including Deaths)	34				Receiving Psychoactive Drugs	55.3

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: Under 50 Peer %	Ratio	Licensure: Skilled Peer %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	87.2	1.09	87.6	1.09	87.7	1.09	88.8	1.07
Current Residents from In-County	60.5	54.3	1.11	72.7	0.83	70.1	0.86	77.4	0.78
Admissions from In-County, Still Residing	23.5	25.2	0.93	25.0	0.94	21.3	1.10	19.4	1.21
Admissions/Average Daily Census	85.0	55.2	1.54	93.3	0.91	116.7	0.73	146.5	0.58
Discharges/Average Daily Census	85.0	59.6	1.43	92.6	0.92	117.9	0.72	148.0	0.57
Discharges To Private Residence/Average Daily Census	15.0	21.2	0.71	19.6	0.76	49.0	0.31	66.9	0.22
Residents Receiving Skilled Care	65.8	87.1	0.76	74.5	0.88	93.5	0.70	89.9	0.73
Residents Aged 65 and Older	89.5	87.7	1.02	94.4	0.95	92.7	0.97	87.9	1.02
Title 19 (Medicaid) Funded Residents	81.6	77.9	1.05	55.3	1.48	68.9	1.18	66.1	1.23
Private Pay Funded Residents	10.5	16.8	0.63	38.5	0.27	19.5	0.54	20.6	0.51
Developmentally Disabled Residents	2.6	0.5	5.62	0.6	4.24	0.5	5.34	6.0	0.44
Mentally Ill Residents	36.8	46.5	0.79	37.9	0.97	36.0	1.02	33.6	1.10
General Medical Service Residents	13.2	21.0	0.63	18.6	0.71	25.3	0.52	21.1	0.62
Impaired ADL (Mean)	51.6	44.6	1.16	46.6	1.11	48.1	1.07	49.4	1.04
Psychological Problems	55.3	66.5	0.83	57.8	0.96	61.7	0.90	57.7	0.96
Nursing Care Required (Mean)	7.9	8.7	0.91	6.3	1.26	7.2	1.09	7.4	1.06